

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII

1132 Bishop Street, Suite 250L, Honolulu, HI 96813

<i>Debtor:</i>	Miyata, Herbert Takashi	<i>Case No.:</i>	<b>04-02752</b>
<i>Joint Debtor:</i> (if any)	Miyata, Carol Dianne	<i>Chapter:</i>	<b>7</b>
<b>APPLICATION FOR UNCLAIMED FUNDS</b>			
<b>1. Claim Information</b>			
Application is hereby made for disbursement of the following previously unclaimed funds on deposit with the court for the benefit of the claimant named below.			
Amount:	\$1,583.31		
Claimant's Name:	Tyndale House Publishers		
Claimant's Address: <u>(at time claim was made)</u>	PO Box 853, Wheaton, IL 60189		
*Provide documentation that Claimant resided or did business at this address.			
Claimant's Current Address: (if different from above)	351 Executive Dr., Carol Stream, IL 60188		
Last 4 digits of Claimant's SSN or Complete EIN	93-0603683		
<b>2. Applicant Information</b>			
The applicant is:			
<input type="checkbox"/>	The individual claimant named above. Photo identification is attached.		
<input type="checkbox"/>	An individual authorized to act on behalf of the corporation, partnership, limited liability company, or other artificial entity named above. Documentation showing authority to make this application is attached.		
<input checked="" type="checkbox"/>	The legal representative of the claimant named above. An original, notarized power of attorney is attached, or, if the claimant is deceased, a certified copy of a letter of administration or probated will is attached.		
<input type="checkbox"/>	The successor in interest to the claimant named above. Documentation showing entitlement to the funds through amendment, merger, or dissolution is attached.		

### 3. Service on United States Attorney

The undersigned understands that a copy of this application and supporting documentation must be sent to the United States Attorney at the following address:

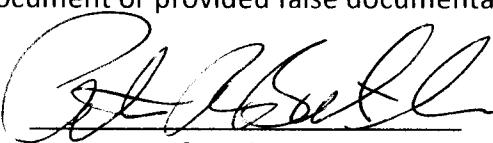
Office of the United States Attorney  
District of Hawaii  
300 Ala Moana Boulevard, Room 6100  
Honolulu, HI 96850.

### 4. Declaration

The undersigned declares, under penalty of perjury, that the information contained in this application and any accompanying documentation is true and correct. I also understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$250,000, or imprisoned not more than 5 years if I have knowingly and fraudulently made any false statements in this document or provided false documentation as part of this application.

Date

4/21/09



Signature of Applicant

Peter R. Butler

Printed Name of Applicant

Phone: 530-544-3851

Address: El Dorado Locators

Email: prbtahoe@aol.com

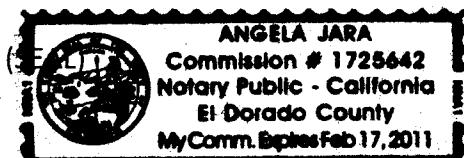
2521 Cold Creek Trail

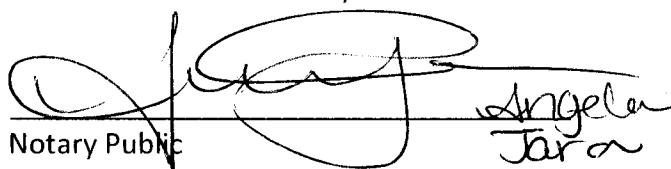
South Lake Tahoe, CA 96150

### 5. Notarization

STATE OF California, COUNTY OF El Dorado

This 2-page Application for Unclaimed Funds, dated 4/21/2009, was subscribed and sworn to before me this 21 day of April 2009 by Peter R. Butler, who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.



  
Notary Public

My commission expires on: 02/17/2011

This application may be filed with the court at the following address:

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250L  
Honolulu, HI 96813.

# LIMITED POWER OF ATTORNEY

LIMITED TO ONE TRANSACTION ONLY

I/we, the undersigned, affirm my/our authority to sign this document on behalf of **Tyndale House Publishers, Inc.**

Under this authority, in order to receive certain funds owed according to public records, and acknowledging that these funds, whether held as excess proceeds from sale of assets or as outstanding, or over-aged warrants, dividends, stale-dated checks, or bankruptcy proceeds, that are collectible by **Tyndale House Publishers, Inc.** as owner or payee directly thereof, **DOES HEREBY APPOINT**

**El Dorado Locators / Peter R. Butler, 2521 Cold Creek Trail, South Lake Tahoe, CA 96150**

as my/our Agent and true and lawful Attorney-in-Fact, to act in my/our name and place, and for my/our benefit and on my/our behalf with limited authority and power to do the following:

- A: Seek recovery of the uncashed, stale-dated, unclaimed or undelivered funds held by the United States Bankruptcy Court, District of Hawaii, in the amount of **\$1,583.31**. **The funds are related to Case # 04-02752, Debtors: Herbert Takashi Miyata and Carol Dianne Miyata, Creditor: Tyndale House Publishers, Inc.**
- B: Secure, by all means convenient and lawful, the re-issuance and/or possession of the funds described above. To accomplish this limited purpose, I/we give **El Dorado Locators / Peter R. Butler** the authority to sign, execute, acknowledge, and deliver the required claim affidavits, petitions, and any other documents reasonably requested, and subsequently to obtain any and all documentation regarding the disposition of the warrant after it is delivered. In no case shall this Attorney-in-Fact or their appointees incur any financial obligation or expense on my/our behalf.

Date: April 14, 2009

Printed Name: Paul Mathews

Signature: Paul Mathews

Title: Executive V.P. / CFO.

Company: Tyndale House Publishers, Inc.

Address: 351 Executive Drive, Carol Stream, Illinois 60188

Phone No. 630-784-5226

Tax ID No. 93-0603683

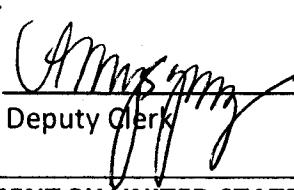
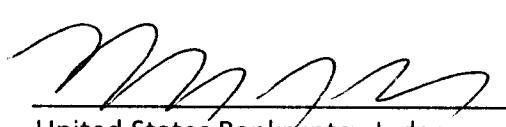
\*\*\*\*\***Signature Must Be Notarized**\*\*\*\*\*



A handwritten signature of Diane Shurtleff in black ink, written over the official notary seal. Below the signature, the date "4-14-09" is handwritten.



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250L, Honolulu, HI 96813

Debtor:	Miyata, Herbert Takashi	Case No.:	<b>04-02752</b>
Joint Debtor: (if any)	Miyata, Carol Dianne	Chapter:	<b>7</b>
<b>APPROVAL OF APPLICATION FOR UNCLAIMED FUNDS</b>			
Name of Claimant: Tyndale House Publishers			
Applicant's Name and Address: (Check will be sent to this address)	Peter R. Butler El Dorado Locators 2521 Cold Creek Trail South Lake Tahoe, CA 96150		
<b>VERIFICATION OF FUNDS ON DEPOSIT</b>			
The court's financial records indicate that funds in the following amount are being held for the claimant named above:			\$ <u>1583.31</u>
Date	<u>4/29/09</u> Deputy Clerk 		
<b>STATEMENT BY UNITED STATES ATTORNEY</b>			
The undersigned is authorized to make this statement on behalf of the United States Attorney for the District of Hawaii. The United States Attorney has no objection to the payment of unclaimed funds to the applicant named above.			
Date	<u>4/30/09</u>	for the United States Attorney 	Name and Title <u>DERICKE WATSON</u> <u>CHIEF, CIVIL DIVISION</u>
<b>ORDER APPROVING APPLICATION FOR UNCLAIMED FUNDS</b>			
For good cause, IT IS HEREBY ORDERED that the application for unclaimed funds is APPROVED. The clerk may disburse the above amount of funds to the applicant named above.			
Date	<u>MAY 05 2009</u>	 United States Bankruptcy Judge	



Tyndale House Publishers

351 Executive Drive Box 80 Wheaton, Illinois 60189 Tel. (630) 668-8300  
Direct Payments to: Box 853, Wheaton, Illinois 60189

## STATEMENT OF ACCOUNT

THE MASTERS SHOPPE  
9860 SOUTHERN BLVD  
WEST PALM BEACH FL 33411

**IMPORTANT!** WHEN PAYING PLEASE

- RETURN ONE COPY OF EACH INVOICE BEING PAID, OR
- RETURN THIS STATEMENT WITH THE INVOICES BEING PAID CHECKED OFF, OR
- LIST THE INVOICES BEING PAID ON YOUR CHECK OR REMITTANCE ADVICE

**1 1/2% SERVICE CHARGE ON OVERDUE ACCOUNT**

**BALANCE FROM PREVIOUS STATEMENT:**

PAGE NO.

PAYMENT IS DUE IN OUR OFFICE ON THE DUE DATE TO RETAIN A PROMPT PAYMENT RECORD

PLEASE NOTE: ORDERS MAY BE PLACED ON HOLD IF YOUR ACCOUNT IS PAST DUE.

*	1	2	3	4	5	► 846.14	◀		
.00	.00	.00	.00	846.14					
EXTENDED TERMS	CURRENT					PLEASE PAY THIS AMOUNT			
.00	6	CODES:	GL- GENERAL LEDGER	*THE DOLLARS IN EXTENDED					
CONTESTED		I- INVOICE	U- UNAPPLIED PAYMENT	TERMS ARE <b>NOT</b> INCLUDED					
		P- APPLIED PAYMENT	X- DEDUCTION	IN THE AMOUNT NOW DUE.					
C- CREDIT MEMO									

*Thank you for your business!*

## FORM B10 (Official Form 10)(4/04)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII

Name of Debtor <b>Herbert Takashi Miyata Carol Dianne Miyata</b>		Case Number <b>04-02752</b>	2005 FEB 22 AM 10:24 W
Name of Creditor: Tyndale House Publ Name and Address where notices should be sent: Tyndale House Publ P.O. Box 853 Wheaton, IL 60189-0853		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone Number: 800-323-9400		FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor: <b>12559</b>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below)  Last 4 digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <b>04/20/04-10/31/04</b>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: <b>\$ 5696.94</b>		[unsecured portion] <b>\$ 0.00</b>	[secured portion]
<b>\$ 0.00</b> [priority portion]. <b>Total Amount of the Claim: \$ 5696.94</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
Value of Collateral: \$ _____  Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____			
6. Unsecured Nonpriority Claim <b>\$ 5696.94</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: <b>2/16/05</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <b>x Debby Kerker Debbie Klucke Asst. Cred'l Manager</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



351 Executive Drive Box 80 Wheaton, Illinois 60189 Tel. (630) 668-8300

Direct Payments to: Box 853, Wheaton, Illinois 60189

**STATEMENT OF ACCOUNT**

GIVING TREE  
 1000 KAM HWY  
 PEARL CITY HI 96782

OPEN ITEM STATEMENT OF ACCOUNT AS OF	YOUR ACCOUNT NUMBER
02/16/05	12559

**IMPORTANT!** WHEN PAYING, PLEASE

- RETURN ONE COPY OF EACH INVOICE BEING PAID, OR
- RETURN THIS STATEMENT WITH THE INVOICES BEING PAID CHECKED OFF, OR
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1/2% SERVICE CHARGE ON OVERDUE ACCOUNT

BALANCE FROM PREVIOUS STATEMENT:

PAGE NO.
1

**PAYMENT IS DUE IN OUR OFFICE ON THE DUE DATE TO RETAIN A PROMPT PAYMENT RECORD**

INVOICE OR REFERENCE NUMBER	SHIP TO REFERENCE NUMBER	DESCRIPTION INVOICE: P.O. NO. PAYMENT: CHECK NO.	TRANSACTION DATE	AGING BUCKET	PAYMENT DUE DATE	CODE	TRANSACTION AMOUNT	BALANCE
8202264	12559	AUTO	04/20/04	5	06/19/04	I	221.91	221.91
8212761	12559	AUTO	05/12/04	5	07/11/04	I	235.30	235.30
8223440	12559	AUTO	06/07/04	5	08/06/04	I	306.86	306.86
8228743	12559	0405268491	06/17/04	5	09/15/04	I	4416.59	4416.59
8236865	12559	AUTO	07/07/04	5	09/05/04	I	153.50	153.50
8243888	12559	AUTO	07/27/04	5	09/25/04	I	156.26	156.26
8245548		FINANCE CHARGE	07/31/04	5	08/30/04	F	45.95	45.95
8261150		FINANCE CHARGE	09/01/04	5	10/01/04	F	45.43	45.43
8278589		FINANCE CHARGE	10/01/04	5	10/31/04	F	32.78	32.78
8295056		FINANCE CHARGE	10/31/04	5	11/30/04	F	82.36	82.36

**PLEASE NOTE: ORDERS MAY BE PLACED ON HOLD IF YOUR ACCOUNT IS PAST DUE.**

1	2	3	4	5	6	7	8
					5696.94	▶	5696.94
EXTENDED TERMS	CURRENT						▶ PLEASE PAY THIS AMOUNT ◀
6	CODES I- INVOICES P- APPLIED PAYMENT C- CREDIT MEMO	GL- GENERAL LEDGER U- UNAPPLIED PAYMENT X- DEDUCTION					◀ THESE EXTENDED TERMS ARE NOT INCLUDED IN THE AMOUNT NOW DUE

CONTESTED

Thank you for your business!

Trustee Name, Address, Phone, Fax, Email:

Ronald K. Kotoshirodo, Esq.  
 Attorney At Law \* A Law Corporation  
 76 N. King Street, Suite 209  
 Honolulu, Hawaii 96817  
 Telephone: (808) 545-7700  
 Fax: (808) 545-7100  
 E-mail: rkotoshirodo@hawaii.rr.com

UNITED STATES BANKRUPTCY COURT  
 DISTRICT OF HAWAII

Debtor(s): **MIYATA, HERBERT TAKASHI**  
**MIYATA, CAROL DIANNE**

Case No.: **04-02752**Chapter **7**

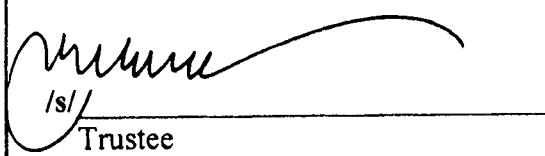
**NOTICE OF DEPOSIT OF UNCLAIMED FUNDS**

Total funds being deposited with the court pursuant to Fed. R. Bankr. P. 3011:  
 This amount represents unclaimed funds on the claim(s) listed below. **\$ 9852.94**

*List claimants for unclaimed funds below - attach continuation sheets if necessary.]*

Claim No.	Claimant Name and Address	Amount
2	Multnomah Publishers Attn: Kevin Detweiler P.O. Box 1720 Sisters, OR 97759	\$ 114.93
5	Westscott Marketing 2611 Zion Ave. South St. Louis Park, MN 55426	\$ 89.31
21	Word Entertainment 25 Music Sq. West Nashville, TN 37203	\$ 433.01
25	Quiet Storm 46-148 Kahuhipa St. #101 Kaneohe, HI 96744	\$ 58.94

Dated: January 20, 2009


  
 /s/  
 Trustee

<i>Claim No.</i>	<i>Claimant Name and Address</i>	<i>Amount</i>
36	Citibank (South Dakota) N.A. Exception Payment Processing P.O. Box 6305 The Lakes, NV 88901-6305	\$ 7,558.71
39	Daniel Durbec 1216 Kuokoa St. Pearl City, HI 96782	\$ 14.73
41	Tyndale House Publ P.O. Box 853 Wheaton, IL 60189	\$ 1,583.31